



Central Puget Sound Public Transportation Account (CPSPTA)

# Design Prospectus

## General Information

Lead Agency

Project Name & Termini or Program

Contact Person

Telephone Number

## Description of Proposed Improvements

- Attach a legible vicinity map showing the project location.
- Attach a sketch of the proposed roadway section, right of way to right of way, conforming to applicable design standards.
- Attach a copy of the current agency-approved Transportation Improvement Program and/or Transportation Plan, and/or Transit Plan. This project must be included in the approved Transportation Improvement Program and/or approved Transportation Plan, and/or approved transit plan.
- Describe the type of work planned for this project in the space below. How will it improve the existing conditions. If necessary, attach additional sheets.



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## Project Cost Estimate

When completing the Project Cost Estimate, round all figures to the nearest dollar

<b>Predesign Phase</b> <small>(Complete only if Predesign Phase was approved by the TIB)</small>	Planning	Environmental Study	Design Study	Total Predesign Cost
<b>DESIGN PHASE</b>	Special Studies <sup>1</sup>	Contract Preparation	Right of Way	Total Design Cost
<b>CONSTRUCTION / IMPLEMENTATION</b>	Contract Amount <sup>4</sup>	Other <sup>2</sup>	Contract Administration	Total Construction Cost
<b>Total Project Cost</b>				

1. Value Engineering Environmental, or Other Special Studies.
2. Work performed by the local agency's own forces, and/or negotiated contracts with Utilities & Railroads *(identify work)*.
3. Use Local Matching Ratio used for the application.
4. Include Operations, Implementation, Capital Projects, etc.

- A. TOTAL ENGINEERING (Contract Preparation + Contract Administration) ..... \_\_\_\_\_
- B. MAXIMUM ELIGIBLE ENGINEERING (25% x Contract Amount)..... \_\_\_\_\_
- C. NON-ELIGIBLE ENGINEERING COSTS (A - B) (If less than 0, enter 0) ..... \_\_\_\_\_
- D. TOTAL ELIGIBLE PROJECT COSTS (Total Project Cost - C)..... \_\_\_\_\_
- E. LOCAL MATCHING FUNDS [(Local Matching Ratio<sup>3</sup> x D) + C] ..... \_\_\_\_\_
- F. CPSPTA FUNDS (Total Project Cost - E) ..... \_\_\_\_\_
- G. CPSPTA FUNDS LISTED WHEN PROJECT WAS SELECTED FOR FUNDING ..... \_\_\_\_\_
- H. BALANCE (G-F) (Surplus is +, Deficit is -) ..... \_\_\_\_\_



# Design Prospectus

## Design Phase Increase Worksheet

COMPLETE THIS FORM ONLY IF THE TOTAL PROJECT COST HAS INCREASED

When completing the Increase worksheet, round all figures to the nearest dollar

- A. Application Total Project Cost .....
- B. Application Total CPSPTA Funds.....
- C. Application CPSPTA Matching Ratio  $\left(\frac{B}{A}\right)$  .....
- D. Design Phase Total Project Cost.....
- E. Design Phase Total Eligible Project Cost.....
- F. Eligible Project Cost Increase  $(E-A)$  .....
- G. Eligible Project Percent Increase  $\left(\frac{F}{A} \times 100\right)$  .....
- H. Increase Factor  $\left(1.0 - \frac{G}{100}\right)$  Minimum=0.5.....
- I. **Total Allowable CPSPTA Increase**  $(C \times F \times H)$  .....
- J. **Total CPSPTA Funds**  $(B+I)$  .....
- K. **Total Local Funds**  $(D-J)$  (Enter this amount on page 2, line E) .....
- L. **Local Matching Ratio**  $\left(\frac{K}{D}\right)$  .....
- M. **CPSPTA Matching Ratio**  $\left(\frac{J}{D}\right)$  .....

Request is submitted for an increase of \$ \_\_\_\_\_ in CPSPTA Funds.  
(Attach an explanation for the increase)

If the increase in CPSPTA funds is more than \$500,000 or 10% above the CPSPTA funds requested in the application, a TIB subcommittee must review the increase prior to design phase approval.



# Design Prospectus

## Project Funding Analysis

- Round all figures to the nearest dollar
- Use actual predesign Phase Funds when calculating Estimated Total Project Cost
- Shaded Areas are for TIB Use Only

### Predesign Phase Cost

	Planning CPSPTA Funds	Environmental Study CPSPTA Funds	Design Study CPSPTA Funds	Total Predesign CPSPTA Funds	Predesign Local Funds	Total PredesignCost (CPSPTA & Local)
<b>APPROVED</b>						
<b>ACTUAL REQUIRED</b>						

### Estimated Design Phase Cost

	Special Studies CPSPTA Funds	Contract Preparation CPSPTA Funds	Right of Way CPSPTA Funds	Total Design CPSPTA Funds	Design Local Funds	Total Design Cost (CPSPTA & Local)
<b>ESTIMATED</b>						

### Estimated Construction Phase Cost

	Construction Contract CPSPTA Funds	Construction Other CPSPTA Funds	Contract Administration CPSPTA Funds	Total Construction CPSPTA Funds	Construction Local Funds	Total Construction Cost
<b>ESTIMATED</b>						

### Estimated Total Project Cost

	Total Predsign CPSPTA Funds	Total Design CPSPTA funds	Total Construction CPSPTA Funds	Total Project CPSPTA Funds	Total Local Funds	Total Project Cost (CPSPTA & Local)
<b>Estimated</b>						



## Design Prospectus

### Funding Sources

Local match is considered to be eligible in-kind contributions and all funds other than CPSPTA funds. The local matching ratio may not be less than that shown on the application. List all funding sources, private or public entity, and the amount of funds pledged.

Source	Private or Public	Amount of Funds
TOTAL LOCAL MATCHING FUNDS		\$

List all agencies and/or private groups involved in the project. Describe their involvement.





# Design Prospectus

## Proposed Project Schedule

### Design Phase

TIB Design Phase Approval .....	_____	Month/Year
Local and/or Private Funding Certification .....	_____	Month/Year
Meeting with Utilities.....	_____	Month/Year
Utility and/or Railroad Agreements .....	_____	Month/Year
Type of Environmental Involvement .....	_____	Type
(EIS, CE, EA, Declaration of Non Significance, Air Conformity)		
Value Engineering Study (if required).....	_____	Month/Year
Draft Environmental Document Circulated.....	_____	Month/Year
Public Involvement Process .....	_____	Month/Year
Final Environmental Process .....	_____	Month/Year
Final Environmental Document Circulated.....	_____	Month/Year
Right of Way Plans Completed .....	_____	Month/Year
Parcels Involving Major Impact .....	_____	Month/Year
Parcels Involving Major Impact .....	_____	Month/Year
Parcel Negotiation Completed .....	_____	Month/Year
Condemnation Ordinance (if needed) .....	_____	Month/Year
Right of Way Acquisition Completed.....	_____	Month/Year

### Construction Phase

TIB Construction Phase Approval .....	_____	Month/Year
Contract Award.....	_____	Month/Year
Contract Completed .....	_____	Month/Year



## Design Prospectus

### Agency Certification

Certification is hereby given that Local and/or Private Matching Funds and Other Funds associated with the Design Phase of the project are available to coordinate with the proposed project development.

☐ YES

☐ NO

Certification is hereby given that Local and/or Private Matching Funds and Other Funds associated with the Total Project are available to coordinate with the proposed project development.

☐ YES

☐ NO

Attach executed agreements with Joint Agencies and/or Private Sources for Projects that contain funding from sources other than the Lead Agency.

If Local Matching Funds cannot be certified at this time, the Lead Agency has one year after Board Approval of this prospectus, to provide within certification of the pledged Local and/or Private Funding.

If the project is within a non-attainment area, the Lead Agency certifies compliance with all requirements of the State and Federal Clean Air Act.

All right of way required for this project shall be acquired in accordance with WAC chapter 468-100

The Agency certifies that the project is consistent with Growth Management Act, High Capacity Transportation Act, Commute Trip Reduction Law, Transportation demand Management Programs, Americans with Disabilities Act and Washington State Accessibility requirements, where applicable.

This Project has been reviewed by the Legislative Body of the Administering Agency or its designee, and is consistent with the Agency Comprehensive Plan for Community Development.

\_\_\_\_\_  
Lead Agency

\_\_\_\_\_  
Signature of Mayor /Director

\_\_\_\_\_  
Date Signed